BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD										Application or Docket Number					
-	Effective October 1, 2000								9/103574						
	•	CLAIMS		S FILED - PART I				SMALL	ENTITY		<u> </u>			_	
TOTAL CLAIMS				(Column 1)		(Column 2)		TYPE			OR SMA		ER THAN LL ENTITY		
	FOR							RATE		Ε		RATE	FEE	:	
-				NUMBER FILED		NUMBER EXTRA		BASIC FEE 355.0		.00	OR	BASIC FE	₹ 710.0	0	
TOTAL CHARGEABLE CLAIMS			155,			. 12		X\$ 9≈)R	X\$18=	216	_	
MULTIPLE DEPENDENT CLAIM PR						9		X40=		٦,		X80=	1	_	
Ľ	OLTIPLE DEP	ENDENT CLAIM	PRESENT	•				+135=		\dashv	PR		╄	_	
	* If the difference in column 1 is less than zero, enter "0" in column 2									o	R	+270=			
								TOTAL	. [\Box \circ	R	TOTAL	326		
1	7-22 CLAIMS AS AMENDED - PART II											OTHER	THAN		
Γ		(Column 1)	Secretary and the second	(Colun		(Column 3)	1 ,	SMALI	L ENTIT	Y 0	R_		ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADD TION FEE	AL	ſ	RATE	ADDI- TIONA FEE		
	Total Independent	1.32	Minus	-3	2	Ξ.		X\$ 9=		o	a l	X\$18=	,,,,,	٦	
AR	FIRST PRES	ENTATION OF A	Minus MULTIPLE DI	EPENDENT	3 CLAIM	<u> </u>	X40=			01	3	X80=		1	
								+135=		OF	,[+270=		1	
			21 - 05				TOTAL		OF	 	TOTAL		┨		
_	(F.) (F.) (F.)	(Column 1)	01-21	- (Colum	n _. 2)	(Column 3)	~)))			. AL	DIT. FEE	<u> </u>	1	
0		CLAIMS REMAINING		HIGHE NUMBI		PRESENT EXTRA	Г		ADDI-		Г	RATE	ADDI	┨	
AMENDMENT		AFTER AMENDMENT		PREVIOU PAID FO	JSLY		L	RATE	TIONA FEE				ADDI- TIONAL FEE	ı	
	Total Independent	. 32	Minus	. 3		9	Γ	X\$ 9=		OR	,	X\$18=		1	
¥		NTATION OF M	Minus ULTIPLE DE	PLE DEPENDENT C		AIM		X40=		OR	r	X80=		1	
								135=		OR	T.	270=		1	
										OR	<u> </u>	TOTAL		i	
		(Column 1)		(Column	2)	(Column 3)		DIT. FEE			AUI	DIT. FEE L		ı	
ا د	7-17-6-57-61	CLAIMS REMAINING		HIGHES NUMBE	7		_		ADDI-	7	_			i	
: -		AFTER AMENDMENT		PREVIOUS	SLY	PRESENT EXTRA	RA	ATE	TIONAL	1	F	RATE	ADDI- TIONAL	l	
	Total	·	Minus	PAID FO			L	$-\bot$	FEE		Ŀ		FEE	l	
	ndependent		Minus		-+	=	X	\$ 9=		OR	x	S18=			
·L				· · ·			X	40=		OR	x	(80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									·		<u> </u>				
11	If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.									OR	+2	270=			
-11	he "Highest Num The "Highest Num	iber Previously Pai iber Previously Pai	ADD	TOTAL T. FEE		OR		TOTAL		!					
Tł	e Highest Numb	Per Previously Paid	For (Total or	independent)	is the h	s, enter "3." ighest number for	und ir	the appr	opriate bo	x in col		1. FEE E			
												••			